PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it displays a valid OMB control number. BADEMAR Application Number 09/812,532 **TRANSMITTAL** Filing Date March 20, 2001 **FORM** First Named Inventor David Allen Schul Art Unit 1617 **Examiner Name** Shaojia A. Jiang (to be used for all correspondence after initial filing) Attorney Docket Number 26/16/0/508

Total Number of Pages in This Submission 204 10/04598											
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ENCLOSURES (Check all that apply)											
~	Fee Trans	smittal Form		Drawing(s)		After Allowance Communication to TC					
	✓ F	ee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences					
	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Rem	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Request for Continued Examination - Check for \$1,810.00 - Return receipt postcard					
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Printed name Kristin J. Frost											
Date		January 4, 2005			Reg. No.	50,627					
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Effective on 12/08/2004. Fee Brangardane Consolidated Appropriations Act, 2005 (H.R. 4818).	Complete if Known								
	Application Number 09/812,532								
FEE TRANSMITTAL	Filing Date	March 20, 2001							
For FY 2005	First Named Inventor	David Allen Schul							
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Shaojia A. Jiang							
	Art Unit	1617							
TOTAL AMOUNT OF PAYMENT (\$) 1,810.00	Attorney Docket No. 26416/04598								
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
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FEE CALCULATION	·								
Small Entity	CH FEES EXA	MINATION FEES Small Entity							
Application Type Fee (\$) Fee (\$)		(\$) Fee (\$)	Fees Paid (\$)						
Utility 300 150 500	250 20								
Design 200 100 100	50 13	_							
Plant 200 100 300	150 16								
Reissue 300 150 500	250 60								
Provisional 200 100 0 2. EXCESS CLAIM FEES	0	0 0 Sm	nall Entity						
Fee Description			Fee (\$)						
Each claim over 20 (including Reissues)		50	25						
Each independent claim over 3 (including Reissues) Multiple dependent claims		200 360	100 180						
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- 20 or HP = x =		Fee (\$)	Fee Paid (\$)						
HP = highest number of total claims paid for, if greater than 20. Indep. Claims									
3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE If the gracification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)									
Other (e.g., late filing surcharge): RCE and 3 mo. Req. for Extension of Time 1,810.00									
SUBMITTED BY									

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Signature	Mestin	Q.	FINN	Registration No. (Attorney/Agent) 50,627	Telephone (216) 622-8895
Name (Print/Type)	Kristin J. Frost				Date January 4, 2005

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